

Information and Instructions for Completing the Mental Health Services Determination Form

The *Mental Health Services Determination* Form is a model form developed by the Virginia Department of Social Services to help assisted living facilities demonstrate compliance with §63-1805.B and 22VAC 40-71-150. B and P. The facility is free to develop its own form provided it contains all elements of the model form. The Code requires the facility administrator to ensure that a mental health evaluation is conducted by a qualified mental health professional (QMHP) when a person who is being considered for admission exhibits behaviors or patterns of behaviors indicative of mental illness, mental retardation, substance abuse, or behavioral disorders [see 22VAC 40-71-150.P.1 (a-g) for specific requirements]. Also, 22VAC 40-71-150.B requires that the evaluation be completed upon the recommendation by the UAI assessor, facility administrator, or other health care professional. Further guidance on the requirement for a mental health evaluation is provided following the instructions on the use of this form.

In addition to the facility using the model form as a quality assurance checklist to ensure that certain licensure requirements related to the area of mental health care have been met, it will also be used as one source of information that licensing inspectors will review to assist them in determining compliance with specific licensure requirements. Another important purpose that this form may serve is that it might contain additional information about the person's functioning that might be very helpful in developing a plan of care, should the person be admitted to the facility.

The pre-admission section of Part I (name, referral source, admission date, etc.) and question #1 must be completed for all persons being considered for admission to the facility. However, if question #1 does not apply to the prospective resident and there is no recommendation by the UAI assessor, facility administrator (or designee) or other health care professional for a mental health evaluation, the remainder of the form need not be completed. The administrator or designee must, however, sign the form and place it in the resident's record, if admitted, in the same section where the individualized service plan is maintained.

While a recommendation for a mental health evaluation will primarily be based on findings in the UAI (Section IV and Appendix K are strongly urged to be used for private-pay residents), a recommendation might also be made based on conditions listed under 22VAC 40-71-150.P.1 (a-g). Note, however, that "e" and "g" together or alone will not necessarily be sufficient cause to require an evaluation. It is advised that all conditions listed in 150.P.1 (a-g) be considered collectively.

Parts II and III of the form are used to assist in demonstrating compliance with 22VAC 40-71-485 and 670.E, respectively, i.e., emergency/non-emergency mental health services, and non-availability of mental health services. The intent of these sections are to help ensure that identified mental health problems are appropriately addressed and that the facility has determined that the resident can safely reside in the facility, even when certain recommended mental health services cannot be delivered to the resident.

Further guidance is provided below in the event the facility admits a person and the recommended mental health evaluation has not yet been completed. If the UAI assessor, facility administrator (designee), or other health care professional recommend that the prospective resident have a mental health evaluation completed by a QMHP, the facility may approve a tentative admission provided that:

- (1) the facility's decision to admit, without the pending assessment, is based on a careful consideration of any information regarding the prospective resident's emotional or behavioral functioning that could signal high risk concerns for the health and safety of the prospective resident and/or others;

- (2) the facility has developed a preliminary plan of care that appropriately addresses any identified concerns to a degree that the prospective resident is not considered high risk for harm to self and/or others;
- (3) the facility has been informed by the QMHP as to the expected date of completion of the mental health evaluation and the facility has determined that the length of time to have the evaluation completed and forwarded to the facility would cause hardship for the prospective resident and/or family;
- (4) the preliminary mental health assessment contained in the UAI (Appendix K) and the required collateral information (see 150.P.5) were used as part of the information required to determine the appropriateness of admission;
- (5) the facility follows up with the disposition of the mental health evaluation and, upon receiving it, re-evaluates its ability to meet the needs of the resident regarding the mental health care/supervision that might be needed;
- (6) the facility clearly documents all efforts made to get the mental health evaluation completed;
- (7) the facility meets all other admission requirements, e.g., completed UAI, physical, and no prohibitive conditions

Please contact your Licensing Inspectors if you have any questions regarding this form.

References

Code of Virginia, Title 63.2, Chapter 18

Standards and Regulations for Assisted Living Facilities (Emergency Regulations, effective 12/28/05)

Uniform Assessment Instrument, Section IV, Psychosocial Assessment, and Appendix K

Mental Health Services Determination Form

PART I. Pre-Admission

(Relevant to 22VAC 40-71-150.B and P)

Resident's Name:	Referred for Admission by:
Date Form Completed for Admission:	Date Resident Interviewed for Admission:
Date Mental Health Evaluation Was Reviewed by Facility, if applicable:	Date Resident Admitted to this Facility:
1) Is there evidence revealed in the uniform assessment instrument (UAI), information provided by the referring party, including the interview with the prospective resident and/or family member(s), that the person has exhibited conditions listed under 22VAC 40-71-150.P.1.(a-g) within the past six months of the admission interview? [Circle one: Yes / No] If "No" the administrator should sign below and STOP HERE.	
2) If there are indications of mental health problems within the past six months as referenced in #1 above, has the referring party (other than family members) provided documented collateral information that describes the prospective resident's psychological, emotional, and behavioral functioning? [Circle one: Yes / No]	
3) Does the collateral information suggest a need for a mental health assessment based on evidence of high risk behavior(s) being exhibited within the past six months? [Circle one: Yes / No]	
4) Has the UAI assessor provided the facility with a copy of the UAI Appendix K mental health assessment of needs matrix? [Circle one: Yes / No]	
5) Based on all sources of information gathered for determining the appropriateness of admission, has a recommendation been made to have the prospective resident referred to a qualified mental health professional (QMHP) to determine whether the person is clinically stable and does not present an apparent risk to self or others if admitted? [Circle one: Yes / No] Note that "e" and "f" of 22VAC 40-71-150.P.1 should not together or alone warrant sufficient reasons to request an evaluation.	
6) Does the facility currently have adequately trained staffs and available resources (e.g., available community mental health services) to address the mental health needs of the prospective residents? [Circle one: Yes / No]	
7) If a QMHP conducted a mental health assessment for prospective resident and a recommendation for mental health services was made, has the legal representative, if applicable, been notified? [Circle one: Yes / No]	
Post-Admission Review	
8) Did the facility use the collateral information to help decide the appropriateness of admission? [Circle one: Yes / No]	
9) Did the facility consider the mental health assessment of needs matrix (Appendix K of UAI provided to the facility by the UAI assessor) to help decide the appropriateness of admission? [Circle one: Yes / No]	
10) If a mental health assessment was recommended by the UAI assessor or other professional health care provider, did the facility use the assessment by the QMHP to help determine the appropriateness of the resident for admission to the facility [Circle one: Yes / No]	
11) If a mental health assessment was recommended but was not considered in the decision to admit the resident, please explain.	
12) If the recommended mental health assessment was not used in the admission determination and there were high risk concerns related to the emotional and/or behavioral functioning of the prospective resident identified during the admission process, was a plan of care developed to appropriately manage the risks? [Circle one: Yes / No] The initial plan of care must be maintained in the resident's record for licensure review.	
Additional Comments Regarding Admission:	
Signature of Facility Administrator: _____	Date: _____

PART II. Emergency/Non-Emergency Mental Health Services

(Relevant to 22VAC 40-71-485)

Instructions: This section must be completed each time a request is made for an emergency mental health evaluation or non-emergency mental health services. The completed form(s) should be filed in the same section as the individual services plan.

Agency Contacted for Emergency Services:**Date Emergency Evaluation Requested:****Agency/QMHP Contacted for Non-emergency Situation:****Non-Emergency Mental Health Services****Date Requested:** _____**Date of Appointment:** _____**Mental Health Diagnosis, if relevant:**

1) Describe the high risk behavior(s) exhibited by the resident.

- State how long the behavior(s) has been exhibited by the resident.
- Describe any factors thought to have caused or contributed to the behavior(s).

2) Was the local community services board (CSB) called to request an evaluation for the crisis to determine the possible need for psychiatric hospitalization? [Circle one: Yes / No]

- If yes, did the CSB conduct an evaluation? [Circle one: Yes / No]
- Was the resident hospitalized? [Circle one: Yes / No] If no, give reason.
- If a request for an evaluation was not made by the facility or if the CSB failed to conduct an evaluation, what was the reason?

3) If the facility determined that the exhibited high risk behavior(s) did not rise to the level of requiring emergency intervention, but did raise serious concerns, was the person or agency responsible for the mental health care of the resident contacted to request services within 24 hours of the incident? [Circle one: Yes / No]

- If yes, what was the response of the person or agency responsible for the mental health care?
- If a request for services was not made, what was the reason(s) for not doing so?

4) If mental health services have been recommended by a QMHP for the resident, has the legal representative, if applicable, been notified? [Circle one: Yes / No].

- If services are to be provided by someone other than the recommending QMHP, has that person or agency been contacted to request services? [Circle one: Yes / No]

Signature of Facility Administrator: _____**Date:** _____

PART III. Non-Availability of Mental Health Services

(Relevant to **22VAC 40-71-670.E**)

If mental health services were requested of the CSB or other mental health agency by the facility for a resident but the services could not be provided, the facility must address the following areas:

- 1) Whether it can continue to meet all other needs of the resident.

- 2) How it plans to ensure that the failure to obtain the recommended services will not compromise the health, safety, or rights of the resident and others who come in contact with the resident.

- 3) Document efforts made by the facility to obtain mental health services for the resident. Include the names of agencies and/or individuals the facility contacted to request mental health services and the outcome of the contact.

- 4) Document other steps the facility will take to find alternative services to meet the resident's needs.

Additional Comments:

Signature of Facility Administrator: _____

Date: _____